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PTO/SB/61 (07-08)

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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/575,694
	Filing Date	9-18-08
	First Named Inventor	Michael Agus
	Title	CONTINUOUS ANALYTE MONITOR AND METHOD OF USING
	Art Unit	3736
	Examiner Name	Unknown
	Attorney Docket Number	2099.00040

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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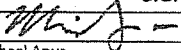
☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/17/08
Name	Michael Agus	Telephone	617 355-5849
Title and Company	Director, Medicine Critical Care Program, Children's Hospital Boston		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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